

Form North Dakota Office of State Tax Commissioner  
**301-EF Application for Withholding E-File Tax Participation**



**Section 1 - Taxpayer Information**

Taxpayer's Business Name	
Name of Contact Person	
Mailing Address	
City, State & Zip	Telephone Number ( )
E-Mail Address	
State Withholding Account Number (11 digits)*	

**Please check appropriate box**

- ☐ New E-File account
- ☐ Change contact name/address
- ☐ Change payroll service information
- ☐ Change payment method or information

\* Your 9-digit federal ID plus the State's 2-digit suffix

**Section 2 - Payroll Service Information**

**Complete this section only if a payroll service will be making your payments or if you are a payroll service preparing this form for the taxpayer.**

Name of Payroll Service	Name of Contact Person
Mailing Address	Telephone Number of Contact Person
City, State & Zip	E-Mail Address

**An authorized officer of the Payroll Service must sign this form if payments are made from the Payroll Service's bank account in order to authorize the North Dakota Office of State Tax Commissioner to debit that bank account under the ACH Debit payment method.**

Payroll Service's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Officer or Individual)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SELECT ONLY ONE METHOD OF PAYMENT**

☐ **ACH Debit - Taxpayer calls the Office of State Tax Commissioner's TeleFile system.**

I authorize the North Dakota Office of State Tax Commissioner (State), or its authorized agent, to initiate debit entries to the following account. This authority will remain in effect until the State has received written notification of its termination at least 30 days prior to the effective date. By signing below, I understand I have applied for permission to file withholding tax returns and remit payment electronically via the State's TeleFile system, and agree to follow the guidelines set forth in the Withholding Tax E-File handbook for ACH debits. I also understand by completing the Payroll Service Information section, I have designated the Payroll Service to act as my authorized representative in matters related to the filing of my withholding tax returns with the State, including the disclosure of confidential withholding tax information on file with the State. Once I have been approved to file electronically via the TeleFile system, I will not receive a paper return from the State, and will be required to telefile each tax period. The authorization to participate is in effect until it is terminated by either party.

**ACH Debit Bank Information (Attach a copy of a voided check to verify account)**

Bank Name	Account Owner: Taxpayer                      Payroll Service
Bank Telephone Number	Type of Account: Savings                      Checking
Routing and Transit Number (must be 9 digits) (see back of form for sample)	Bank Account Number (up to, but not exceeding 17 digits) (see back of form)

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Officer or Individual)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**ACH Credit - Taxpayer initiates through own bank.**

By signing below, I understand I have applied for permission to file withholding tax returns and remit payment electronically via an ACH credit transaction I must initiate through my bank. I have contacted my bank and confirmed the bank can initiate ACH credit transactions that meet the State's requirements. I understand the ACH credit transaction must be in the NACHA standards format using the TXP convention to facilitate the proper posting of the credit, and agree to follow the guidelines set forth in the Withholding Tax E-File handbook for ACH credits. I also understand by completing the Payroll Service Information Section, I have designated the Payroll Service to act as my authorized representative in matters related to the filing of my withholding tax returns with the State, including the disclosure of confidential withholding tax information on file with the State. Once I have been approved to file electronically using an ACH Credit, I will not receive a paper return from the State, and will be required to pay using the ACH credit method for each tax period. This authorization to participate is in effect until it is terminated by either party.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Officer or Individual)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Note: If this application is being completed by a Payroll Service on behalf of the taxpayer, the taxpayer's authorized signature must be obtained to participate in E-File, unless there is a Form 500 on file with our office.**

## Helpful hints for registration:

- ✓ The E-File contact person should be the person who will actually be involved in the initiation and making of the electronic filing of your state income tax withholding. Be sure to include a phone number.
- ✓ If you are a Payroll Service completing the application on behalf of a taxpayer, be sure to have the taxpayer sign and date the application under the selected payment option. Exception: If a Form 500 for your client is on file with our office, the taxpayer's signature is not necessary.
- ✓ If you are a Payroll Service and the bank account belongs to the Payroll Service, you must sign the application in Section 2.
- ✓ Please verify your bank account number and routing transit number. Make sure they are correct and legible.
- ✓ Remember to include a copy of a voided check to verify the bank account information, if selecting the ACH Debit payment option.
- ✓ Mail the original signed application and voided check to the address noted at the bottom of the application. Or, you may fax your completed application and voided check to (701)328-0146.

## Prenote Requirement:

Before your E-File application is approved, a "zero" dollar prenote ACH transaction must be initiated to verify the bank information and formats are correct. The State will initiate the ACH Debit prenote. You will be contacted to initiate an ACH Credit prenote.

## Need Assistance? Feel free to contact us at:

Office of State Tax Commissioner  
600 E Boulevard Ave. Dept. 127  
Bismarck, ND 58505-0599  
Phone: (701)328-3125  
TTY: (800)366-6888 (Relay North Dakota)  
Web site: [www.ndtaxdepartment.com](http://www.ndtaxdepartment.com)  
E-mail: [withhold@state.nd.us](mailto:withhold@state.nd.us)

The diagram below shows check identifier information. The **Routing Transit Number**, identifying the financial institution, and the **Bank Account Number**, identifying the type of account, are required for the ACH Debit option on the Application for Withholding E-File Participation form (Form 301-EF).

Mr. John Smith		1044
Smith's Auto Supply, Inc.		
PO Box 8321		19
Bismarck, ND 58505-0599		
PAY TO THE		
ORDER OF		\$
		DOLLARS
Anywhere Bank		
U.S.A.		
Memo		Not Nego-
13340456712345613041110440000012050		
Routing Transit Number (requires 9 digits)	Bank Account Number (up to, but not exceeding 17 digits)	